

## PRIMARY CONTACT DESIGNATION FORM

PLEASE COMPLETE AND RETURN THIS FORM WITHIN 30 CALENDAR DAYS OF RECEIPT

Please complete this form by printing or typing the requested information. If any of the information provided on this form changes after submission of the form including, but not limited to, changes in corporate relationships, please notify EPA at the email listed below as soon as possible. Thank you for your cooperation.

**1. Please provide the following information** for the single person who will be the company's or individual's contact for all future communications (including correspondence, informational mailings, etc.) from EPA. You may designate a legal or other representative as the single primary contact. Please enter "N/A" if the requested information is not applicable to you.

Company/Organization/Individual Name:	
Name of Designated Contact:	
Contact's Title:	
Contact's Firm Name:	
Mailing Street Address (no P.O. Box):	
City, State & Zip:	
Telephone Number:	
E-mail Address:	
Website Address:	
<b>2. Other information:</b> Law/Consulting Firm Name & contact information (if applicable):	

### 3. Printed Name and Signature of Person Completing This Form

Printed Name	Title	Company/Organization
<hr/>		
Signature	Date	

### 4. Please return this form to:

Krista Brown, Remedial Project Manager  
U.S. Environmental Protection Agency, Region 9  
[brown.krista@epa.gov](mailto:brown.krista@epa.gov)

and

Laurie Williams, Assistant Regional Counsel  
U.S. Environmental Protection Agency, Region 9  
[williams.laurie@epa.gov](mailto:williams.laurie@epa.gov)